

INDIVIDUAL PARTIAL IN-SERVICE CREDIT

Name of Officer:				SS#·		
		(First)	(M.I.)			
<u></u>				(Agency Telephone	#) (Agency	Fax #)
Dagwagtad by						
requested by:	(Signature of Agency Administrator)				(Title)	
PART A: COU	RSE INFORM	IATION				
Course Title:						
Course Dates From:	То):				
Course Location:						
Course Sponsor:						
Hours of Training R	eceived:					
	ccivca.					
			the named tra	ining for the h	ours of training	indicated
		essfully completed	the named tra	ining for the h	ours of training	indicated
		essfully completed	the named tra	ining for the h	ours of training	indicated
	ve individual succe	essfully completed t	the named tra	ining for the h		indicated
	ve individual succe	essfully completed t	the named tra	ining for the h		indicated
	ve individual succe	essfully completed to	the named tra	ining for the h	Date	indicated
	Signature of Officer A	essfully completed to	the named tra	ining for the h	Date	
certify that the above	Signature of Officer And Typed or Printed Name Signature of Course	essfully completed attending Training of Course Coordinator se Coordinator			Date D	
certify that the above	Signature of Officer And Typed or Printed Name Signature of Course	essfully completed to			Date D	
certify that the above	Signature of Officer And Typed or Printed Name Signature of Course	essfully completed to the state of the state			Date D	
certify that the above	Signature of Officer And Typed or Printed Name Signature of Course N COMPLETICAL DCJS USE O	essfully completed to tending Training of Course Coordinator se Coordinator ON OF PART A		HIS FORM	Date D	ate
UPOP PART B: FOR	Signature of Officer And Typed or Printed Name Signature of Course N COMPLETICAL DCJS USE O	essfully completed attending Training of Course Coordinator se Coordinator ON OF PART A NLY orcement		HIS FORM De	Date D. TO DCJS	ate
UPON PART B: FOR Approved for:	Signature of Officer And Typed or Printed Name Signature of Course N COMPLETIC DCJS USE O Law Enfo Jailor/Cus	essfully completed attending Training of Course Coordinator se Coordinator ON OF PART A NLY orcement	A, SEND T	HIS FORM De	TO DCJS partment of Corrective Security/Processing	ections ess Server